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	TR	4DEMARMOY	Application Number	10/808,499
TRANSM	ITTAL		Filing Date	March 25, 2004
FORM		First Named Inventor	Hidekazu MIYAIRI et al.	
		Group Art Unit	2857	
(to be used for all correspon	dence after ini	tial filing)	Examiner Name	J. West
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	SIGNATUR	RE OF APPI	LICANT, ATTORNEY, C	OR AGENT
Firm or Individual name	Robinson PMB 955 21010 Sor			P.C.
Signature	2	-		· · · · · · · · · · · · · · · · · · ·
Date	June 14, 2	2007		
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Attorney Docket No. 0756-7275

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	Group Art Unit: 2857
Hidekazu MIYAIRI et al.)	Examiner: Jeffrey R. West
Serial No. 10/808,499)	CERTIFICATE OF MAILING I hereby certify that this correspondence is
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MANUFACTURING METHOD)	- total of the second
THEREOF)	

INFORMATION DISCLOSURE STATEMENT

Honorable Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In accordance with the provisions of 37 C.F.R. 1.56 and 37 C.F.R. 1.97-1.99, Applicant submits herewith a Form PTO-1449 listing information known to Applicant and requests that this information be made of record in the above identified application. Copies are submitted herewith in accordance with 37 C.F.R. 1.98(a).

An RCE was filed in this application on April 16, 2007, and no further Office Action has been received. Therefore no fee is required.

Respectfully submitted,

Eric J. Robinson Reg. No. 38,285

Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Property Law Office, P.C. Property Law Offi

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	NT BY APP		Filling Date	March 25, 2004
			First Named Inventor	Hidekazu MIYAIRI et al.
(use as n	nany sheets as nece	ssary)	Group Art Unit	2857
			Examiner Name	Jeffrey R. West
Sheet 1	of	1	Attorney Docket Number	0756-7275

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Exeminer Cite	U.S. Patent Document		Name of Patentee or Applicant of	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevent Passeges or Relevant Figures Appear		
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	No.1	No.¹ Office No.¹ Cite No.¹ MAA Sui	No.	No.	No. Name of Patentae or Name of Patentae Name of Patentae of Patentae	No. Name of Fatorise or Appendix Name of Fatorise or A	No. Office* Number* Kind Code Number* Number*

Signature Considered	Examiner Signature	/Jeffrey West/	Date Considered	08/17/2008	
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